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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile Michael J Cornelison Caesar Rivise Bernstein Cohen & Pokotilow LTD 1635 Market Street transmitted to the USPTO, on the date indicated below. 12th Floor Seven Penn Center M. Slomowitz Scott Philadelphia, PA 19103-2212 (Depositor's name) (Signature 30, 2004 (Date) ugust APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 07/17/2000 1665 09/617.340 00.EMT34(C).US Joseph Gross (E1067/200 TITLE OF INVENTION: AUTOMATIC SYRINGE APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE NO \$1330 \$1330 09/01/2004 nonprovisional EXAMINER ART UNIT CLASS-SUBCLASS HAYES, MICHAEL J 3763 604-140000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the Caesar, Rivise, names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Bernstein, Cohen & firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Pokotilow, Ltd: attorneys or agents. If no name is listed, no name Number is required. will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

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